

# MARYLAND INSTRUCTOR CERTIFICATION REVIEW BOARD



c/o Maryland Fire and Rescue Institute  
University of Maryland  
College Park, Maryland 20742

## APPLICATION FOR STATE EMERGENCY SERVICES INSTRUCTOR CERTIFICATION OR RECERTIFICATION

Do not write in this box

DAT \_\_\_\_\_

RES \_\_\_\_\_

DAN \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Name Social Security Number

\_\_\_\_\_  
Street Address City County State Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

This application is for:  
(Check only one)

Initial Certification ( )

Recertification ( )

Re-entry ( )  
(Cover letter required)

\_\_\_\_\_  
Date of last certification

Have you ever had your certification as an Emergency Services Instructor in the State of Maryland revoked?

Yes ( ) No ( )

Have you every had your certification/license as an instructor or teacher in Maryland, or any other jurisdiction, revoked?

Yes ( ) No ( )

Do you have a minimum of three years progressive emergency services experience? Yes ( ) No ( )

Are you 21 years of age or older? Yes ( ) No ( )

Are you capable of performing all of the essential functions of a State Emergency Services Instructor?

Yes ( ) No ( )

I certify that all information on this application is accurate and recognize it is subject to verification. By affixing my signature below, I authorize the Maryland Instructor Certification Review Board (MICRB) to verify the accuracy of the above information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This application will be considered in accordance with the Code of Maryland Regulations (COMAR) 13B.03.01. An application must be submitted on an official MICRB, watermarked form only. No reproduction of this form or non-MICRB application form will be acceptable.

**THIS INFORMATION TO BE COMPLETED BY THE LOCAL JURISDICTION OR SPONSORING AGENCY**

Applicant's Name \_\_\_\_\_

Name of Local \_\_\_\_\_  
Jurisdiction or  
Sponsoring Agency

Street Address	City	County	State	Zip
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Authorized Representative	Title	Phone Number
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**Answer the questions below if applying for  
INITIAL CERTIFICATION**

- (1) Does the applicant possess the physical ability to perform all tasks required of an emergency services instructor ?      Yes (   )      No (   )  
If No, explain on a separate, attached sheet.

- (2) Has the applicant successfully completed approved training in the emergency services?      Yes (   )      No (   )

- (3) Has the applicant met the minimum requirements for the appropriate selection system in:
- |                       |       |       |
|-----------------------|-------|-------|
|                       | Yes   | No    |
| Field Knowledge       | _____ | _____ |
| Reading Comprehension | _____ | _____ |
| Verbal Ability        | _____ | _____ |
| Math Ability          | _____ | _____ |
| Mechanical Aptitude   | _____ | _____ |

- (4) Instructor Training Course Completed
- |      |       |            |       |
|------|-------|------------|-------|
| Date | _____ | Instructor | _____ |
|------|-------|------------|-------|

- (5) Skills Completed
- |      |       |          |       |
|------|-------|----------|-------|
| Date | _____ | Location | _____ |
|------|-------|----------|-------|

- (6) Practice Teaching I
- |      |       |                               |       |
|------|-------|-------------------------------|-------|
| Date | _____ | Location (Practical/Didactic) | _____ |
|      |       | Evaluator                     | _____ |

- (7) Practice Teaching II
- |      |       |                               |       |
|------|-------|-------------------------------|-------|
| Date | _____ | Location (Practical/Didactic) | _____ |
|      |       | Evaluator                     | _____ |

- (8) Interim Course \_\_\_\_\_  
(Title)

Dates (from/to)	No. of Teaching Hours
_____	_____
Evaluation #1 Date	Evaluator
_____	_____
Evaluation #2 Date	Evaluator
_____	_____

**Answer the questions below if applying for  
RECERTIFICATION**

- (1) Has the applicant taught a minimum of 60 hours within the last three years?      Yes (   )      No (   )

\_\_\_\_\_  
Titles and Locations

- (2) Has the applicant received a satisfactory evaluation within the last three years?      Yes (   )      No (   )

Date	Evaluator
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\_\_\_\_\_  
Location

- (3) Has the applicant received any unsatisfactory evaluations since the date of the evaluation indicated in Question 2?      Yes (   )      No (   )

- (4) Has the applicant completed 12 hours of **approved** professional development or continuing education in instructional methodology; or training safety (max. 6 hours) within the last three years?      Yes (   )      No (   )

(Attach course syllabus, outline, or other additional supporting documentation for courses not on the approved list)

Dates	MICRB Log No. & Titles	Locations	Hours
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**Answer the questions below if applying for EVALUATOR**

- (1) Is the applicant currently an Evaluator?      Yes (   )      No (   )
- (2) Are you recommending the applicant for recertification as an Evaluator?      Yes (   )      No (   )
- (3) Are you recommending the applicant as a new Evaluator?      Yes (   )      No (   )

- (4) Individuals recommended as new Evaluators are **required** to attend an Evaluators Workshop. Please provide the following:

Date	Location	Workshop Facilitator
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I certify that all information on this application is accurate and recognize it is subject to verification. By affixing my signature below, I authorize the Maryland Instructor Certification Review Board or its authorized representatives to verify the accuracy of the above information. I further certify that I am familiar with the certification regulations for State Emergency Services Instructor Standard (COMAR 13B.03.01) and that the application for (re) certification has met the requirements, and I recommend the applicant.

\_\_\_\_\_  
Signature and Title of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Local Jurisdiction or Sponsoring Agency